

Arbutus West Animal Clinic

www.awac.ca - info@awac.ca

WELCOME TO OUR PRACTICE

Please complete the following form so we can get to know you better.

YOUR INFORMATION

Name (Dr. Mr. Mrs. Ms. Miss): _____	
Spouse Name (Dr. Mr. Mrs. Ms. Miss): _____	
Address: _____ City: _____ Postal Code: _____	
Your:	Spouse:
Tele- Home: _____ DAY/EVE	Tele- Home: _____ DAY/EVE
Work: _____ DAY/EVE	Work: _____ DAY/EVE
Cell: _____ DAY/EVE	Cell: _____ DAY/EVE
E-mail: _____	E-mail: _____

YOUR PET'S INFORMATION

Name: _____	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Ferret <input type="checkbox"/>	Rabbit <input type="checkbox"/>	Other <input type="checkbox"/>
Breed: _____	Date of Birth: _____	Colour/Markings: _____			
Sex: MALE/FEMALE	NEUTERED/INTACT	SPAYED/INTACT			
<hr/>					
Name: _____	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Ferret <input type="checkbox"/>	Rabbit <input type="checkbox"/>	Other <input type="checkbox"/>
Breed: _____	Date of Birth: _____	Colour/Markings: _____			
Sex: MALE/FEMALE	NEUTERED/INTACT	SPAYED/INTACT			

REFERRAL/PET'S HEALTH HISTORY

<i>How did you hear about our practice?</i>
If it is a referral, whom may we thank for recommending our practice?
<input type="checkbox"/> Referral Name/Address _____
<input type="checkbox"/> Outdoor sign <input type="checkbox"/> Yellow pages
Please let us know if your pet has any chronic health problems we should know about, or if your pet is currently on medication or a special diet: _____

APPOINTMENT POLICY

Our order of appointments are: #1 EMERGENCIES #2 SCHEDULED APPOINTMENTS #3 LATE APPOINTMENTS #4 WALK-INS, which will be accommodated as soon as possible or an appointment can be scheduled. If you are unable to keep your appointment, we would appreciate it if you could call us to cancel/reschedule. PLEASE, FOR YOUR ANIMALS AND OUR CLIENTS SAFETY AND COMFORT WHILE IN THE CLINIC, MAKE SURE YOUR PET IS EITHER IN A CARRIE OR ON LEASH.
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FINANCIAL POLICY

We accept cash, visa, American Express, and Master Card. WE DO NOT ACCEPT CHEQUES. We require payment in full upon discharge of your pet. Please inform us prior to any procedure if you require a payment plan or options to be offered to you by our office manager. We will gladly provide you with an estimate amount prior to any procedures. The doctor DOES NOT make decisions regarding credit. Please check your invoice carefully and if you have any questions, we will be happy to go over all the charges.

Signature _____ Date _____